



Community Homeownership Center, Inc

1284 W. 20th Street · Jacksonville, FL 32209 ·

Tel (904) 355-2837 · Fax (904) 355-2842 · email: chceducates@aol.com

Dear Potential Homeowner,

We are glad you took the first step and contacted CHC about your **Pre-purchase Counseling/Budget Counseling**. We promise to work with you to help you get ready for home purchase.

To assist us in providing you with the most effective and efficient service, please complete the attached intake form as thoroughly as possible, and **provide PHOTOCOPIES of all required documents - please do not bring originals**. This information is the key element to help in creating an action plan and a budget plan in order for you to be credit ready.

If there are questions or information you don't understand, that's okay, do your best and we will go through the rest of it together during your scheduled appointment; or you may call us at 904-355-2837.

We look forward to helping you!

Sincerely,

CHC Staff

Client Name _____ Date _____


In order to complete your application for assistance, we need the following items as checked below:

- Proof of Income –Two (2) MONTHS CURRENT pay stubs, SSI determination letter, Unemployment Benefits Statement, Statement from Employer, etc.
- Copy of Lease
- If a bankruptcy has been filed, a copy of your discharge letter (we cannot proceed without the letter)
- TWO (2) months of CURRENT bank statements (All pages)
- Completed financial worksheet
- Completed Application and included documents
- Photo I.D. from applicant and co-applicant
- ONE(1) MONTH (most current) utility bill (All pages)
- LAST TWO (2) YEARS Taxes with all schedules included
- W2's, LAST TWO (2) YEARS

Due to the fact that many families are in the same position as you, and the high demand for our services we ask that you notify us at least 6 hours prior to your appointment if you are unable to attend.

*If you are unable to bring **ALL** the necessary photocopied documents to your appointment, your counseling session may be delayed.*

APPOINTMENT CHECKLIST

	Forms Checklist: Please complete and Bring to Appointment
	Complete the enclosed intake form
	Complete the Applicant Financial Information form
	Read and sign the Privacy Policy
	Read and sign Agency Disclosure
	Read, initial and sign Statement of Services for Report Credit Review
	Read, complete and sign the Credit Report Authorization/Verification Release form
	Read and sign the List of services

If you have a question about the intake form or releases please complete as much as possible and we will finish them during the appointment.

OTHER COUNSELING ORGANIZATIONS

Are you working with any other Housing Counseling organization?

Yes No

If yes, what's the name of the organization? _____

PERSONAL INFORMATION**Applicant**

First Name: _____ MI: _____ Last Name: _____

Cellular Phone: _____ Home Phone: _____ Work Phone: _____

Fax #: _____ Best Time to Call: _____ Email: _____

Social Security: _____ Date of Birth: _____

Address

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you been at this address? _____ Are you currently a Section 8 participant? Yes No**Co Applicant**

First Name: _____ MI: _____ Last Name: _____

Cellular Phone: _____ Home Phone: _____ Work Phone: _____

Fax #: _____ Best Time to Call: _____ Email: _____

Social Security: _____ Date of Birth: _____

Address

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you been at this address? _____ Are you currently a Section 8 participant? Yes No**Employment & Income Information**

Employer: _____ Gross Monthly Income Before Taxes: \$ _____

Address: _____ Phone # _____

Position: _____ Start Date: _____ End Date: _____

How are you Paid: Hourly Weekly Every Two Weeks Twice a Month Monthly

Other Income: _____ Amount: \$ _____

Co-Applicant

Employer: _____ Gross Monthly Income Before Taxes: \$ _____

Address: _____ Phone

Position: _____ Start Date: _____ End Date: _____

Other Income: _____ Amount: \$ _____

How are you Paid: Hourly Weekly Every Two Weeks Twice a Month Monthly

Monthly Expense	Current Budget	Adjusted	Difference
-----------------	----------------	----------	------------

DEMOGRAPHIC INFORMATION

HOUSEHOLD INFORMATION	
Number of people living in household	
Number of people on title	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Household gross annual income	\$
CITIZENSHIP	
Non-resident Alien	
Permanent Resident Alien	
US Citizen	
ETHNICITY	
Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	
American Indian / Alaska Native	
Asian	
Black or African-American	
Native Hawaiian or Other Pacific Islander	
White	
Undisclosed	
PREFERRED LANGUAGE	
English	
Other: _____	
ARE YOU DISABLED? Y <input type="checkbox"/> N <input type="checkbox"/>	
HIGHEST EDUCATION COMPLETED	
No High school Diploma	
High school Diploma	
GED Diploma	
Vocational Certificate	
Associates Degree	
Bachelors Degree	
Masters Degree	
Doctoral Degree	

REFFERAL SOURCE	
Agency / Organization	
Mailer / Flyer / Brochure	
Lender / Mortgage company	
Media	
Friend / Relative	
Internet	
Realtor	
Other: _____	
COUNTRY OF ORIGIN	
United States	
Other: _____	
CHECK ALL THAT APPLY	
Female Head of Household	
Single Head of Household	
US Veteran	
First Time Homebuyer (
Owned Home in Last 3 Years	
CLIENT TYPE	
Homeless	
Homeowner(Mortgage paid-off	
Mortgagor	
Potential Buyer	
Potential Renter	
Other: _____	

Fixed Expenses			
Housing			
Mortgage or Rent			
Condo/HOA Fee			
Heating (gas or oil)			
Electricity			
Telephones (land lines and cell phones)			
Other:			
Transportation			
Gas			
Car Payment			
Public Transportation or Taxi			
Parking and Tolls			
Other:			
Insurance			
Health (medical and dental, if not payroll-deducted)			
Life			
Disability			
Other:			
Child Care			
Child Care or Babysitters			
Child Support or Alimony			
Fixed Expenses Subtotal:			
Periodic Fixed Expenses (Divide annual payment by 12)			
Housing			
Homeowners Insurance (if not included in mortgage)			
Water or Sewage			
Trash Service			
Other:			
Transportation			
Car Insurance			
Car Inspection			
Car Repairs and Maintenance			
License Plates and Registration Fees			
Other:			
Monthly Expense	Current Budget	Adjusted	Difference
Periodic Fixed Expenses Subtotal:			

Flexible Expenses			
Food			
Groceries			
School Lunches			
Work-Related (lunches and snacks)			
Other:			
Housing			
Lawn Care			
Furnishings			
Home Maintenance and Cleaning Supplies			
Other:			
Medical			
Doctor			
Dentist			
Prescriptions			
Other:			
Savings			
Emergency Fund			
Down Payment Fund			
Clothing			
Clothing			
Laundry and Dry Cleaning			
Other:			
Education			
Tuition			
Books, Papers and Supplies			
Newspapers and Magazines			
Lessons (sports, dance, music)			
Other:			
Donations			
Religious or Charity			
Other (if not payroll deducted):			
Gifts			
Birthdays			
Monthly Expense	Current Budget	Adjusted	Difference
Major Holidays			
Other:			

Personal			
Barber or Beauty Shop			
Toiletries			
Children's Allowances			
Tobacco Products			
Beer, Wine, Liquor			
Other:			
Entertainment			
Movies, Sporting Events, Concerts, Theater, Etc.			
Video Rentals			
Internet Service			
Cable/Satellite TV			
Restaurants and Take-Out Meals			
Gambling or Lottery Tickets			
Fitness or Social Clubs			
Vacations/Trips			
Hobbies or Crafts			
Other:			
Miscellaneous			
Checking Account, Money Order Fees, Etc.			
Pet Care or Supplies			
Postage			
Pictures and Photo Processing			
"Mad" Money			
Other:			
Debts			
Student Loan			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Medical Bills			
Personal Loan			
Indebtedness Subtotal:			
Total Monthly Expenses (fixed + periodic fixed + flexible + indebtedness)			
Income			

Total Monthly Net Income			
Additional Savings			
Amount Left Over for Savings (total monthly net income – total monthly expenses)			

HOUSEHOLD INCOME

Other income	Amount per month
Social Security / SSI / SSDI	\$
Child or Spousal Support	\$
Unemployment Compensation	\$
Workers Disability Compensation	\$
Veterans Benefits	\$
Monies from Rental Properties	\$
Children’s Wages	\$
Food Stamps	\$
Other	\$

HOUSEHOLD ASSETS

DESCRIPTION	VALUE/AMOUNT	AMOUNT OWED IF ANY
Automobile #1		
Automobile #2		
Automobile #3		
Cash on hand over \$100		
Checking account		
Savings account		
Boat / wet bikes		
Money market funds		
Computers		
RV / recreational homes		
IRA / Keogh accounts		
Motorcycles/ snowmobiles		
Stocks/bonds CDs annuities, etc.		
Farm equipment		
Other property		
Trailers		
Other _____		
Anticipated tax refunds		
	TOTAL IN ASSETS	\$

Please read

carefully:

As head of household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above; the value of which have been disclosed. Please sign below:

Signature _____ Date _____

Signature _____ Date _____

Privacy Policy

Community Homeownership Center, Inc is committed to assuring the privacy of individuals and/or families who have contracted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage, tax statements, bank statements.

You may opt-out of certain disclosures:

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is directed to us not to disclose.
2. If you chose to “opt-out”, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your “opt-out” decision, you may contact us in writing at Community Homeownership Center, Inc at **1284 W. 20th Street, Jacksonville, FL 32209**.

Release of information to third parties:

1. So long as you have not “opted out”, we may disclose some or all of the information that we collect, as described above to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know the information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature of Acknowledgement

Name

Date

Community Homeownership Center, Inc and its employees are **NOT** attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency’s counselors and training.

Disclosures

Community Homeownership Center, Inc (CHC) is a non-profit community service agency dedicated to providing professional financial education, and confidential counseling. Counseling is available face to face, online and via the telephone. Services are available to any member of the community without regard to race, religion, national origin, gender, social position, handicap, financial status or ability to pay. All client information is held in strict confidence by CHC in compliance with the Gramm-Leach-Bliley Privacy Act except as authorized to be release by the client.

Funding Sources

CHC is a 501 (c) 3 non-profit organization and receives the majority of its funding from grants from private foundations and corporations who support our counseling and educational services and program. Client fees for various services and programs offered to the public to cover the cost of providing the service or program may also be sought

Counselor Qualifications

All counselors that are assisting and facilitating course content are employees of CHC Counselor qualifications include a BS or BA Degree or three years experience in a counseling, lending or credit-related field. Counselors are required to obtain certification through the counselor certification program approved by Neighborworks America and HUD. Counselors at CHC are required to have their certification within six month of hire for which they received the "Certified Personal Financial Counselor" designation.

Impact on Credit Report

CHC does not disclose or provide to a credit reporting agency information concerning whether an individual client has received or sought credit counseling concerning personal financial management from the agency. Filing Bankruptcy is reported as a matter of public record and this may impact your credit reports and scores. Please check with your legal counsel regarding this matter. CHC does not provide any debt management plans or debt repair services. We have no impact on your credit reports.

Cost of Services

CHC charges fees for some services to cover the cost of providing the service. CHC charges a fee for the Credit report and Pre-Purchase/Credit Counseling.

Fee Schedule:

Credit Report	Pre-Purchase/Credit Counseling
Individual Credit Report: \$17.50	Individual Counseling: \$45.00
Joint Credit Report: \$25.00	Joint Counseling: \$55.00

Counselors are not attorneys and cannot provide any legal advice. If legal or tax advice is needed, you should seek the appropriate assistance from an attorney or tax professional.

Fee Waiver

CHC participating as a credit counseling provider agrees to waive their respective fees if the debtor student has income less than 150 percent of the poverty guidelines last published by the United States Department of Health and Human Services (DHHS) (<http://aspe.hhs.gov/poverty/10poverty.shtml>) applicable to a family of the size and in the state involved.

Counseling is offered regardless of the client's ability to pay. The Agency does not pay or receive fees or other consideration for referrals.

CHC does not offer a Debt Repayment Plan (DRP).

CHC supervisors and leaders have been providing credit counseling for three years. Upon successful completion of the briefing, the approved Agency will issue a certificate of completion to the client.

CHC's hours of operation are 9:30 AM to 5:30PM EST Mon-Fri.

Please complete below that you have received a copy of the Disclosures:

Applicant

Printed Name: _____ Social Security: _____

Signature: _____ Date: _____

Co Applicant

Printed Name: _____ Social Security: _____

Signature: _____ Date: _____

